

## INTENT TO GRADUATE FORM

Please complete fields below

LEGAL NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA (FIRST, MIDDLE, LAST)			
STUDENT ID NUMBER	DATE OF BIRTH	SEX	F                      M
TERM YOU EXPECT TO GRADUATE:			
Fall (December)	Spring (April)	Summer (August)	Year:

**DEGREE YOU EXPECT TO RECEIVE:** *Please select academic plan from drop down menu*

<b><u>Master of Business Administration</u></b>	<b><u>Master of Science</u></b>	<b><u>Bachelor of Science</u></b>
 <b><u>Concentration:</u></b>		
<p><b><u>Note:</u></b>          If your name has changed during your career at Pepperdine, please submit the name change request form <a href="http://www.pepperdine.edu/registrar/content/studentnamechange.pdf">http://www.pepperdine.edu/registrar/content/studentnamechange.pdf</a> along with a copy of legal documentation.</p>		

**ADDRESS FOR MAILING DIPLOMA**

NUMBER/STREET		APARTMENT OR C/O	
CITY	STATE	ZIP CODE	COUNTRY
PREFERRED TELEPHONE NUMBER:			

Do you plan to attend the graduation ceremony?	No	Yes	
Have you previously applied for graduation?	No	Yes	If yes, when?

SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
REGISTRAR'S OFFICE _____	DATE: